

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 552 360

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2				
4		2				
5		0				
6		0				
7		0				
8		2				
9		2				
10		0				
11		0				
12		2				
13		2				
14		0				
15		0				
16		0				
17		0				
18		2				
19		0				
20		0				
21		1				
22		0				
23		0				
24		0				
25	1					
26		1				
27		2				
28		2				
29		0				
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31		0				
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48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	42		32			
TOTAL CLAIMS	44		34			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						